



IDPH AMERICORPS MENTORING PROGRAM CHECKLIST FOR ENROLLING NEW MEMBERS



For your convenience, a checklist to help guide you through all required forms has been provided. Your AmeriCorps member should follow this checklist for quick reference and to ensure all forms are satisfactorily completed before submitting.

Once completed, please return all paperwork to:

Amanda McCurley, Program Director via secure fax at 515-281-4535

The member understands that full enrollment is not complete until the following forms are completed and returned to the IDPH AmeriCorps Mentoring Program Director, Amanda McCurley.

The AmeriCorps member must provide/complete:

- ☐ Online AmeriCorps Enrollment Form (MUST be completed in My AmeriCorps via www.americorps.gov)
- ☐ Thoroughly read and signed all applicable parts of the Member Service Agreement **(Original gets mailed to Amanda McCurley at IDPH)**
- ☐ Signed Position Description w/ Site Specific Duties **(Original gets mailed to Amanda McCurley)**

IDPH Payroll and Personnel Forms:

- ☐ Employment Eligibility Verification I-9 Form
- ☐ Equal Opportunity
- ☐ Federal W-4 Form
- ☐ State W-4 Form
- ☐ Confidential Personal Data Form
- ☐ Direct Deposit Form/Address Change
- ☐ Copy of proof of citizenship (Passport, social security card, birth certificate, or alien registration card)
- ☐ Copy of proof of health insurance (full time members choosing to opt out of AmeriCorps insurance coverage)
- ☐ Copy of government issued photo ID (Passport, driver's license or state photo ID card)

Complete, sign, and return copies of the following forms:

- ☐ Photograph and Publicity Consent Release
- ☐ Member Benefit Acceptance/Waiver Form
- ☐ Letter of Intent for Service with IDPH (prepared by the Program Director for signature after the online enrollment is complete)

Background Checks:

- ☐ Background Check Disclosure and Authorization
- ☐ Waiver Agreement and Statement (FBI fingerprint check)
- ☐ FBI Fingerprint Card Acknowledgement Form
- ☐ Fingerprint Card with all information completed on top of the card (Must use the card IDPH provides)
- ☐ Completed Fingerprint Card mailed to DCI with Billing Form